

# HAND DELIVERED

## FORM 6 FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS

2012

Please print or type your name, mailing address, agency name, and position below:

FOR OFFICE USE ONLY:

LAST NAME — FIRST NAME — MIDDLE NAME:

Scott, Richard Lynn

MAILING ADDRESS:

700 North Adams Street

CITY : ZIP : COUNTY :

Tallahassee 32303 Leon

NAME OF AGENCY :

Executive Office of the Governor

NAME OF OFFICE OR POSITION HELD OR SOUGHT :

Governor

CHECK IF THIS IS A FILING BY A CANDIDATE

232592

COMMISSION ON ETHICS  
DATE RECEIVED

JUN 28 2013

PROCESSED

### PART A -- NET WORTH

Please enter the value of your net worth as of December 31, 2012, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of December 31, 2012, was \$ 83,773,538

### PART B -- ASSETS

#### HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 176,384

#### ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions page 4)	VALUE OF ASSET
See attachment	\$83,597,154

### PART C -- LIABILITIES

#### LIABILITIES IN EXCESS OF \$1,000 (See Instructions on page 4):

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	\$0

#### JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
N/A	\$0

## PART D -- INCOME

You may **EITHER** (1) file a complete copy of your 2012 federal income tax return, *including all W2's, schedules, and attachments*, **OR** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

I elect to file a copy of my 2012 federal income tax return and all W2's, schedules, and attachments  
 [If you check this box and attach a copy of your 2012 tax return, you need not complete the remainder of Part D.]

### PRIMARY SOURCES OF INCOME (See instructions on page 5):

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT
SEE ATTACHMENT	SEE ATTACHMENT	SEE ATTACHMENT

### SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions on page 5]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
N/A	N/A	N/A	N/A

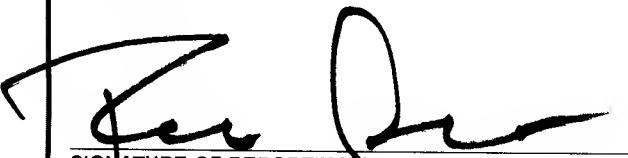
## PART E -- INTERESTS IN SPECIFIED BUSINESSES [Instructions on page 6]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE

## OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

  
 SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

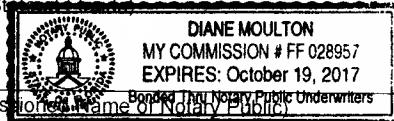
STATE OF FLORIDA  
 COUNTY OF Leon

Sworn to (or affirmed) and subscribed before me this 27<sup>th</sup> day of

June, 2013 by Richard Scott

Diane Moulton

(Signature of Notary Public--State of Florida)



(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known  OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.  
 INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.  
 OTHER FORMS you may need to file are described on page 6.

\* Shown at GAAP or Fair market value

## PRIMARY SOURCES OF INCOME:

NAME AND SOURCE OF INCOME EXCEEDING \$1,000

Alan Weist / Taxable Interest

Richard L. Scott Blind Trust / Investment Income

ADDRESS OF SOURCE OF INCOME

704 NW 44th Street; Kansas City, MO 64116

568 9th Street S.; Naples, FL 34102

AMOUNT

\$49,167

\$3,134,817

**KERRY M. BALTHROP**  
CERTIFIED PUBLIC ACCOUNTANT

Phone (682) 593-0044

2333 FLORENCE ROAD  
KELLER, TEXAS 76262  
kbalthrop@kerrycpa.com

Fax (888) 629-9730

June 26, 2013

Ms. Virlindia Doss, Executive Director  
Florida Commission on Ethics  
P.O. Drawer 15709  
Tallahassee, FL 32317-5709

Dear Ms. Doss:

This letter is to inform you that I have prepared Governor Rick Scott's Annual Form 6 Full and Public Disclosure of Financial Interests. This disclosure form was prepared in accordance with section 112.3144, Florida Statutes, and the accompanying instructions for completing and filing the Form 6. Based upon my reasonable knowledge and belief this disclosure is true and correct.

Sincerely,



Kerry M. Balthrop  
Certified Public Accountant  
Texas License #23913